



FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  		1. FILE NUMBER 054-100	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input checked="" type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		8. MAILING ADDRESS (Type or print in capital letters.) First Name THERESA Last Name HEMBY P.O. Box • Building and Room Number (if any) Number and Street 3114 N W. 12th STR. APT #3 City OKLAHOMA CITY State ZIP Code + 4 OK 73107-		
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEE RESTAURANT EMPLOYEE		5. DESIGNATION (Local, Lodge, etc.) LOCAL		
6. DESIGNATION NUMBER 246		7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No				
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number The President of Local 246 was or is sick at the time. The V-President Mr. Thomas Crone was appointed in Nov-Being made official in Dec/2002 by the Ex. Board. SORRY is not acceptable, but please from the report excuse the delay and mistakes.				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
57. SIGNED: Thomas Crone 12/11/02 905'631-3488 Date Telephone Number		58. SIGNED: [Signature] 12/13/2002 405'917-7040 Date Telephone Number		
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)		



During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | X | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | X | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | X | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | X | |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | X | |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | X | |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

53

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$

500

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO YEAR

05 2004

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

- | | | | | |
|-----------------------|----------|-----|---------|---------------------|
| (a) Regular Dues/Fees | \$ 19.16 | per | monthly | (Month, Year, etc.) |
| (b) Initiation Fees | \$ 18.86 | | | |
| (c) Transfer Fees | \$ | | | |
| (d) Work Permits | \$ | per | | (Month, Year, etc.) |

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

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(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. <small>Last Name</small> HEMBY <small>First Name</small> THERESA <small>Title</small> TREASURER-AGENT <small>Status</small> C		0	0	2880
2. <small>Last Name</small> CRONE <small>First Name</small> THOMAS <small>Title</small> PRESIDENT <small>Status</small> C		0	0	480
3. <small>Last Name</small> HALE <small>First Name</small> DARLENE <small>Title</small> RECORDING-SECRETARY <small>Status</small> C		0	0	480
4. <small>Last Name</small> GONZALES <small>First Name</small> DELORES <small>Title</small> TRUSTEE <small>Status</small> P		0	0	440
5. <small>Last Name</small> CAMARRO <small>First Name</small> ESTELLA <small>Title</small> TRUSTEE <small>Status</small> C		0	0	480
6. <small>Last Name</small> DICKSON <small>First Name</small> KEITH <small>Title</small> SHOP-STEWARD <small>Status</small> C		0	0	480
7. <small>Last Name</small> STARKS <small>First Name</small> NANCY <small>Title</small> EXECUTIVE BOARD MEM <small>Status</small> P		0	0	480
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		0	0	5680
		10. Less Deductions		
Enter the Total from Line 11 in Item 45 →		11. Net Disbursements 5680		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

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STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	24641		32. Accounts Payable	0	0
	26. Loans Receivable			33. Loans Payable	0	0
	27. U.S. Treasury Securities			34. Mortgages Payable	0	0
	28. Investments			35. Other Liabilities	0	0
	29. Fixed Assets			36. TOTAL LIABILITIES	0	0
	30. Other Assets					
	31. TOTAL ASSETS	24641	21373	37. NET ASSETS (Item 31 less Item 36)	24641	21373

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	13087	45. To Officers (from Item 24)	5680
	39. Per Capita Tax		46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	2454
	41. Interest & Dividends	158	48. Office & Administrative Expense	1374
	42. Sale of Investments & Fixed Assets		49. Professional Fees	
	43. Other Receipts		50. Benefits / Election	245
	44. TOTAL RECEIPTS	13245	51. Contributions, Gifts & Grants / BEND	437
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	
53. Loans Made / Remission dues / non			268	
54. Other Disbursements			239	
55. TOTAL DISBURSEMENTS			11297	